

**REQUEST FOR RENTAL SERVICES****1. MAIL TO:**

NBC/AVIATION MANAGEMENT/ALASKA REGIONAL OFFICE  
4405 LEAR COURT  
ANCHORAGE, ALASKA 99502

Phone: (907) 271-3935/6032

Fax: (907) 271-6080

**2. REQUESTING BUREAU -- OFFICE AND ADDRESS:**

(Must be completed for ARA award notification)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFER QUESTIONS TO: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL (If Available): \_\_\_\_\_

**3. AIRCRAFT DESIRED:**

**A. FIXED WING:**    ☐ HIGH WING    ☐ LOW WING

AIRCRAFT TYPE (i.e. Cessna 182): \_\_\_\_\_

PASSENGER CAPACITY (Seats): \_\_\_\_\_

ADDITIONAL REQUIREMENTS (i.e., large cargo doors, etc.)  
\_\_\_\_\_

SPECIAL USE ACTIVITY:

- ☐ Low Level (less than 500' from surface)
- ☐ Resource Reconnaissance (above 500' from surface)
- ☐ Fire Reconnaissance
- ☐ Air Tactical

**B. HELICOPTER:**    ☐ FUEL SERVICING VEHICLE

HELICOPTER TYPE (i.e., Hughes 500): \_\_\_\_\_

PASSENGER CAPACITY (Seats): \_\_\_\_\_

ADDITIONAL REQUIREMENTS (i.e., long line, helitorch, etc.)  
\_\_\_\_\_

SPECIAL USE ACTIVITY:

- ☐ External Loads                      ☐ Aerial Ignition
- ☐ Interagency Fire                      ☐ Local Fire
- ☐ Offshore Platform/Vessel Landings    ☐ Extended Overwater
- ☐ Other (Specify) \_\_\_\_\_

**4. SUGGESTED AIR TAXI & COMMERCIAL OPERATOR:**

NAME: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

ESTIMATED ANNUAL USE: \_\_\_\_\_  
(Hours)                      (Dollars)

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**5. ALL REQUESTS REQUIRE REVIEW AND APPROVAL BY YOUR NATIONAL AVIATION MANAGER.**

**MANAGER APPROVAL:** \_\_\_\_\_

**NATIONAL AVIATION MANAGER:** \_\_\_\_\_

**6. REMARKS:**

AMD USE:

FCC Signature : \_\_\_\_\_

Date Request Received: \_\_\_\_\_